



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/27/2014
Business ID: 19526
William M. Gardner
Secretary of State

A. W. THERRIEN CO., INC.

199 HAYWARD ST
MANCHESTER, NH 03103

ENTITY TYPE: CORPORATION
BUSINESS ID: 19526
STATE OF DOMICILE: NEW HAMPSHIRE

ROOFING AND SHEET METAL (1999 AR)

ADDRESS OF PRINCIPAL OFFICE:

199 HAYWARD ST
MANCHESTER, NH 03103

REGISTERED AGENT AND OFFICE:

Therrien, ~~William~~ Timothy
199 HAYWARD ST
MANCHESTER, NH 03103

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Daniel Therrien
STREET 199 Hayward St.
CITY/STATE/ZIP Manchester, NH 03103
NAME Timothy Therrien
STREET 199 Hayward St.
CITY/STATE/ZIP Manchester, NH 03103
NAME Ronald Therrien, Jr.
STREET 199 Hayward St.
CITY/STATE/ZIP Manchester, NH 03103
NAME Adam Therrien
STREET 199 Hayward St.
CITY/STATE/ZIP Manchester, NH 03103

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Daniel Therrien
STREET 199 Hayward St.
CITY/STATE/ZIP Manchester, NH 03103
NAME Timothy Therrien
STREET 199 Hayward St.
CITY/STATE/ZIP Manchester, NH 03103
NAME Ronald Therrien, Jr.
STREET 199 Hayward St.
CITY/STATE/ZIP Manchester, NH 03103
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

Timothy Therrien

Treasurer

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire
Fee - Form 47 - (Corporations) 1 Page(s)

WHEN THIS FORM IS A
PUBLIC DOCUMENT A
REQUIRED INFORMATION



T1409425095

I BECOME A
DISCLOSURE
ILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301